

Wage Statement
(Optional Form)

U.S. Department of Labor
Wage and Hour Division



U.S. Wage and Hour Division

Employee					Social Security No.			OMB No.: 1235-0002 Expires: 06/30/2012		
Permanent Address								Workweek Ending (Month, Day, Year)		
								Total Hours Worked in Week		
Day/Date	Sun/	Mon/	Tues/	Wed/	Thurs/	Fri/	Sat/			
Starting Time								Itemized Deductions		
Quitting Time								FICA		
Hours Worked								Federal Tax		
Crop/Task Units Done								State Tax		
								Rent		
								Total Gross Pay	Food	
									Transportation	
Rate of Pay (Hourly or Piece Rate)								Other		
Daily Pay								Other		
Employer								Total Deductions		
Address										
Employer identification number								Net Pay (Amount Due Employed)		Date Paid:

Instructions

Properly filled out, this optional form will satisfy the requirements of sections 201 (d), (e), and (g) and sections 301 (c), (d), and (f) of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA). 29 U.S.C. §§ 1821(d)-(e),(g), 1831(c)-(d),(f); 29 C.F.R. § 500.80. This form also satisfies statutory requirements under section 11 (c) of the Fair Labor Standards Act (FLSA). 29 U.S.C. § 211(c).

PAYROLL INFORMATION: Enter the month, day and year on which the MSPA worker's payroll workweek ends. Enter the calendar date of the day worked. Enter the time work started and ended each day. Enter the total time actually worked each day. Subtract bona fide meal periods. Crop/Task - Units done - Enter the kind of work (such as picking oranges per bin) and the number of units produced if the employee is paid on a piece work or task basis. Enter the hourly or piece rate of pay. Enter the amount of the gross daily pay computed at the hourly and/or piece rate.

ITEMIZED DEDUCTIONS: In addition to FICA (Social Security), federal tax, state tax, and rent, food, and transportation deductions (if any), enter any other specified deductions in right column and then transfer to left column. Subtract total deductions from total Gross Pay. Enter the result as Net Pay (Amount Due Employee). Enter date worker is paid.

PUBLIC BURDEN STATEMENT

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. This collection of information is authorized by MSPA sections 201(d) and 301(c). 29 U.S.C. §§ 1821(d), 1831(c), 1851-1853; 29 C.F.R. § 500.80. While use of this form is optional, it is mandatory for MSPA-covered entities to maintain the information and to provide it in written form. 29 U.S.C. §§ 1821(d),(e),(g), 1851, 1853, 1854; 29 C.F.R. § 500.80. The DOL uses this form to determine employer compliance with the MSPA.

We estimate it will take an average of one (1) minute to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspects of this information collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**